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streams have a wonderful power of self-purification and that, in time, polluted rivers would purify themselves, but this idea has been given up after comparatively recent investigations.

We are all more or less familiar with filtration, and this is one of the most successful methods for purifying water. Sand filtration was first carried on in London, in 1839, and is still used in many European cities, as well as in our own country. Mechanical filtration is also in use largely for cities, and smaller filters of this class are a necessity for hotels, hospitals, etc.

Water may be purified without filtration by boiling, distilling, and treating with chemical substances. Boiling the water removes the gases and makes it tasteless, but this may be helped to a certain extent by pouring the water from one dish to another repeatedly. By distillation the water is made pure, but the process removes all the oxygen and carbonic acid gas, and makes it tasteless, and to improve this there have been several apparatuses invented which aerate the water at the time of distillation. Water for drinking purposes may be softened by the addition of lime water. Sodium carbonate may be used to soften water for washing purposes, but this could not be used in drinking water on account of its unpleasant taste.

Many chemicals have been proposed to sterilize water, with equally as many objections to them. In actual practice only three have been found useful; chloride of lime, potassium bromide, and ozone. The last is the only chemical which will sterilize water in large quantities and requires an electrical apparatus. The odor, taste and color of the water are not affected by this process.

Twenty years ago our supply of information upon this subject was very small, and it is astonishing how much progress has already been made toward the purifying of our water supply and the consequent lessening of disease. We may fully expect further progress and improvement in the coming years of this twentieth century.

COÖPERATION OF HOSPITAL DEPARTMENTS

By MARION CZARINA MASON, R.N.

Graduate of the Jackson Sanatorium Training School for Nurses

The day on which a nurse takes over the supervision of a hospital marks an epoch in her life. She cannot fail to remember, in looking back upon that eventful time, a sense of vastness in the undertaking and a feeling of gratitude, moreover, to that kind Providence which opened to her the opportunity for so great a service. As a pupil, her work has

been with individuals; as charge nurse, with the group of units that make up her ward, operating room, or dispensary, as the case may be; but as supervisor of the entire hospital, she is dealing in larger figures, and her view of the situation must be proportionately wider. There are women who discover that such a position has been thrust upon them by circumstances; they have had no detailed instruction in institutional management, and are consequently obliged to begin by appropriating from those hospitals with which they have been connected such material as will fit the needs of the case in hand. A hospital not fully organized gives a broader field for activity than one in which the divisions are already complete. Since it is the former type which is likely to present itself first, the young woman upon whom its management devolves will find problems which must occupy her thoughts from morning till night; foremost among them is the subject of department relationship. A few suggestions as to remedies for certain troublesome conditions may be welcomed by the youthful supervisor. With her in mind, I am writing.

In order to get good work the supervisor must understand her head nurses. The fact that a nurse has been in charge for some time is in itself a recommendation which ought not to be overlooked. This is not saying that tenure of office spells ability, but, generally speaking, a great degree of confidence can be placed in the nurse who knows her ward. Head nurses, in common with other human beings, have personal peculiarities, these very traits are oftentimes the foundation upon which their successes have been built, so the wise supervisor will not attempt to reduce all charge nurses to a uniform level, but will give them sufficient freedom to permit the working out of improvements by each in her own particular domain. Whether questions concerning the connection of departments can be better settled by a common council or by individual interviews between the supervisor and the head nurse, will be largely determined by the number of departments; if these are few, matters can usually be adjusted satisfactorily without the general meeting.

Of fundamental importance is the duty of ward to operating room and operating room to ward. Promptness in the arrival of a patient in the operating room is taken for granted. The same may be said as to proper preparation. In a succession of operations, it frequently happens that the second, third, and fourth cases cannot be taken as early as the time for which they were scheduled. If these cases are brought according to schedule, patients are waiting in the anaesthetic room or corridor, and the nurses who came with them are detained. The nurse in charge of the operating room should, with the surgeon's permission, telephone the wards regarding the delay; by so doing she will save time for the floor nurse, and, for the patient, much anxiety. If special apparatus or treat-

ment is found to be necessary for an operative case, the order for it to be in readiness should be given from the operating room directly to the ward. Coöperation of the accident room is also most important. All orders for special treatment should be given before the patient leaves the accident room.

A matter which has been found productive of much irritation is the subject of emergency supplies. For the sake of economy it is a general practice to permit the daily giving out of enough supplies for twenty-four hours only, with a very small reserve. If several accident cases are admitted together, all requiring frequent changes of dressing, it is apparent that extra supplies are in immediate demand. It may occur that the supervisor is engaged and so cannot sign the necessary requisition; her assistant may be out for the afternoon. What is the ward to do? At such a time, the supply nurse (who is often the head of the operating room as well) should be instructed to sign the requisition, and on the following morning present it at the office of the supervisor, with a full explanation of the conditions.

There is hardly a problem which forces its way into prominence like that of the diet kitchen and the ward. As special dressings distress the supply nurse, so special diets vex the housekeeper, for in the small hospital the dietitian and housekeeper are one. The diet slips have come down as usual, and before 9.30 a.m., all orders for the day have been sent to butcher and grocer. At 10 o'clock, the first visiting physician makes rounds and orders oysters and a broiler for Mrs. C's luncheon. Luncheon is served at 12.30; the large market with which the hospital deals is two miles away, and has not another delivery until afternoon; no one from the hospital can be spared to go out and make the purchase. On the next street is a small butcher's shop, eager for trade, and this little place is the solution of the puzzle. Arrangements can be made here for the quick delivery of small orders; such things as are not in stock are bought from the city market, and the butcher thereby works up a new line of trade which proves of mutual advantage to himself and his patron.

The subject of extra, or periodic, cleaning is another matter which must be disposed of, if the work of the floors is to go on smoothly. This refers to such work as is not done daily by the ward maid; windows, high electric light fixtures, transoms, mouldings, and all other ledges which cannot be reached without a step ladder, likewise the use of the vacuum cleaner on rugs. If it is left to the head nurse of the ward to send a requisition to the housekeeper, whenever cleaning is needed, a great amount of time is wasted. A far better scheme is to have this work done regularly once in two weeks, or more frequently if the location is a particularly smoky one. A schedule is made out by which the scrub woman knows

just what work she must do each day. The housekeeper has a copy of the outline, and each ward nurse knows exactly when her cleaning is to be done. On the private floor, the halls, lavatories, kitchen, closets, and such rooms as are vacant can be cleaned. Unless a patient is in for an unusual number of weeks, it is better not to disturb him for the routine cleaning. However, there are patients who prefer to have the scrub woman come in for the sake of fresh surroundings afterwards; in such cases the work can proceed as in the open wards. All this constitutes an automatic system of cleaning, the results of which are gratifying indeed.

But after all has been said, there remains an amazing variety of situations. Difficulties which can be solved in one situation by certain means must be met, in another place, by methods totally different. Diverse as conditions may be, the result in view is always the same, efficiency. It is easy to forget that the hospital is not a big machine driven by its relentless dynamo. The hospital is a living thing, dominated by the soul of the man or the woman at its head. We may adjust external affairs *ad infinitum*, and still find friction. We may bring our technique to perfection, only to discover that kindness is lacking. Organization is indispensable; skill cannot be underrated; but beneath and surrounding all must be complete understanding and widening sympathies. Only with these can a hospital hope to reach its highest usefulness.

SOME OF THE REASONS WHY NURSES SHOULD JOIN THEIR STATE ASSOCIATION¹

By JENNIE BELLE MESSER, R.N.

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When nurses are asked to join their state association, many times we receive this answer, "No, I do not care to belong to an organization from which I receive no benefits." This shows very clearly that the nurse who responds knows very little about her state association, and one turns away and begins to wonder whether it is the fault of the association or of the superintendents of the training schools or of the nurses themselves that they do not know more about their association and are not more interested in it. Possibly it may be the fault of all three. Before discussing the benefits of association membership to the individual nurse I should like to touch lightly on this question. In the first place, the association's fault may be that its members lack enthusiasm and interest and do not make its meetings valuable enough to make the nurse want

¹Read before the Florence Nightingale Club, September 8, 1913.